GIMEMA International Meeting

New Frontiers in Hematologic Research:
Quality of Life and Artificial Intelligence

The value of integrating early palliative care to improve patient outcomes

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Disclosures of Leonardo Potenza

No disclosures

TABLE OF CONTENT

The Shift of Palliative Care:
From EOL to Diagnosis

Palliative Care

From the 1960s until just over a decade ago

1 Inpatient Symptom Control

2 Preparing for Death

3 Arranging Hospice Admission

Clark D. Lancet Oncol. 2007

PC Neglected

several dimension of the person

1 Emotional

2 Relational

3 Spiritual

WHO Expert Committee on Cancer Pain Relief and Active Supportive Care. 1990

PC = EOL

It **contributed** to the persistent **misconception** that **palliative care equals end-of-life care**.

Petrillo LA et al. ASCO Education Book 2024

EARLY Palliative Care

From more than a decade now

1. Earlier in the course of advanced cancer
2. Typically from Diagnosis
3. Outpatient settings

Sanders JJ, et al. ASCO guideline update. J Clin Oncol 2024

The value of Early PC
in Onco and Hema Patients

>20

RCTs

Haun MW, et al. Cochrane Database of Systematic Reviews 2017, Issue 6

1st

Redefining the ROLE of Palliative Care

Petrillo LA et al. ASCO Education Book 2024

2nd

HRQoL

Zimmermann C et al. Lancet 383:1721-1730, 2014

15 RCTs

11.36

HRQoL **Improvement** within
the first **1–3 months** of the intervention

Kavalieratos D et al JAMA 2016

3rd

Symptom Burden

7 RCTs

-35.4

Symptom **intensity** scores were **Lower** in patients receiving EPC

Temel J et al. 2010; Bakitas MA et al 2015; Zimmerman et al 2014; Bandieri et al 2016

4th

Psychological Distress

5 RCTs

-0.98

Lower Depressive symptoms
in the **early palliative care** group

5th

Survival Benefit

3 RCTs

2.7 to 6.5

Months, involving **6% to 15% pts**

Temel J et al. 2010; Bakitas MA et al 2015; Maltoni M et al 2016

Can this model be applied to patients with HM?

Hematologic Malignancies

Highly heterogeneous group

1 Unpredictable Trajectories

2 Prognostication is frequently challenging

3 Clinicians-patients close relationship

El-Jawahri, A et al. ASCO Education Book 2024

Multiple Studies

Over the past decade

1 Feasibility

2 Acceptability

3 Cost-effectiveness

3 RCTs, **1 Phase II** trial,
and **3 retrospective studies**

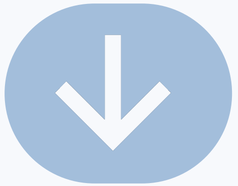
Patients with **AML** and **MM**,
and those undergoing **HSCT**

Porta-Sales J eta al 2017; El-Jawahri A et al. 2017 and 2020; Rodin G et al 2020;
Potenza L et al 2021; Giusti D et al 2024

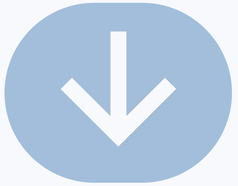
2 RCTs

Inpatient AML, HSCT

Quality of life



Physical symptoms,
anxiety and depression



Psychological Distress
during hospitalization

El-Jawahri Aet al. 2016; El-Jawahri Aet al. 2020

PTSD

In **HSCT** patients, **reduction** of **PTSD** was **still** measurable **six months** after the intervention.

El-Jawahri Aet al. JCO 2017

Phase II

Inpatient AML

Pain intensity and pain interference

Acute stress disorders

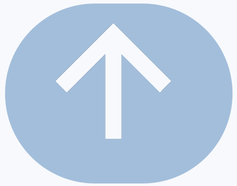
Traumatic stress symptoms

Rodin G et al. Supp Care Cancer 2020

1 RCT and 3 Retrospective

Outpatient AML and MM

Quality of Care



GOC
And ACP

Aggressive care
near EOL

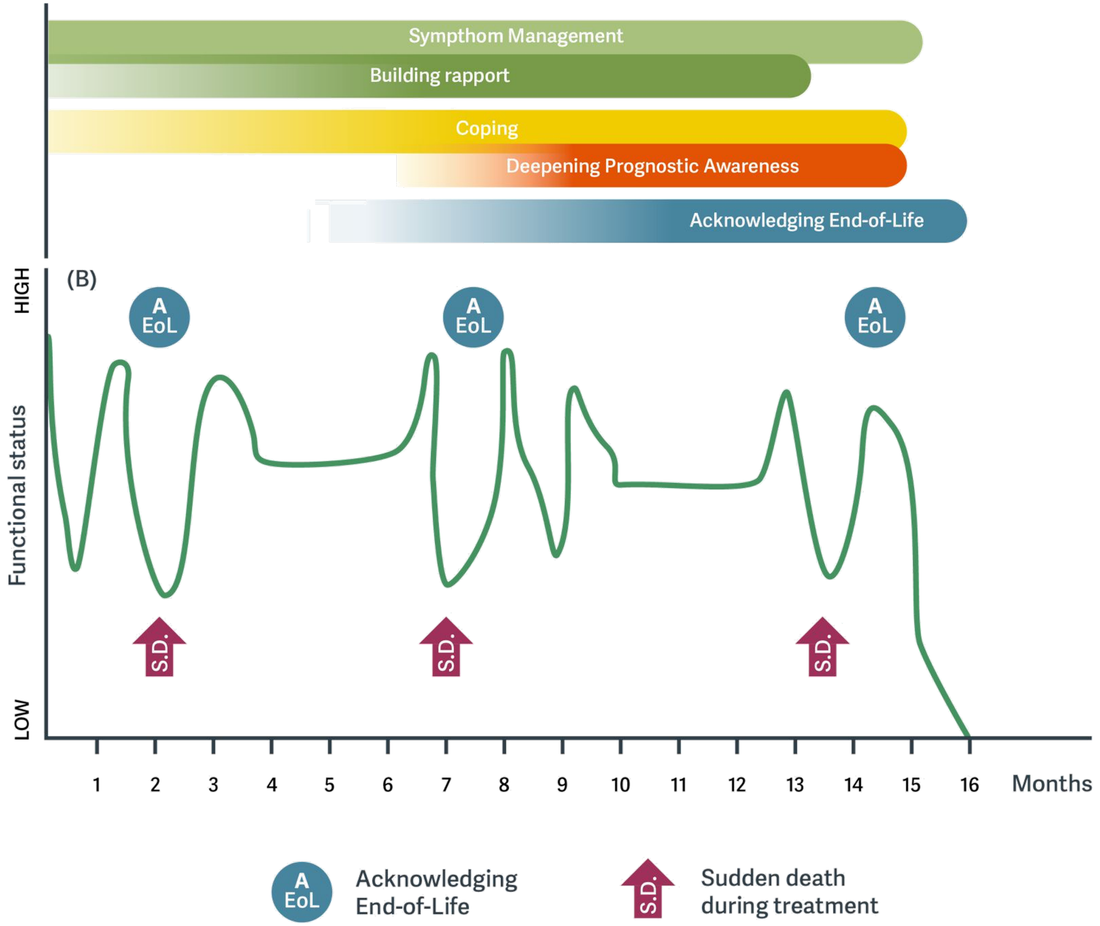
Porta-Sales J et al 2017; El-Jawahri A et al. 2024; Potenza L et al 2021; Giusti D et al 2024; Potenza L et al 2025

Indication Of Good Clinical Practice

The panel recommends, where feasible, **early involvement** of the palliative care team …to promote **simultaneous intervention** by the haematologist and the **palliative care specialist**.

How Can Early Palliative Care Achieve These Results?

Focus of EPC visits



Potenza L et al. BMJ Supp and Pall Care 2024

6th TASK

PC physicians describe their intervention as serving as a **liaison** between **patients** and the **oncologists**

Back AL et al. 2014

COPING

and Early Palliative Care

- Use active coping
- Apply positive reframing
- Develop acceptance

Greer J et al. 2020

Coping Strategies mediated

QoL

78%

Effect mediated by **Coping**

Depression

66.3%

Effect mediated by **Coping**

Anxiety

35%

Effect mediated by **Coping**

Nelson AM et al. Cancer 2021

Conclusions

The **early integration of palliative care** in **advanced solid cancer** is associated with **better quality of life**

The **early integration of palliative care** in **advanced solid cancer** is associated with **reduced physical** and **psychological symptoms**

The **early integration of palliative care** in **advanced solid cancer** is associated with **less aggressive care at the end of life**

The **early integration of palliative care** in **advanced solid cancer** is **associated** in some cases with **improved survival**

These **benefits** are now proven **achievable** even in **hematologic malignancies** (**AML**, **HSCT** and **MM**)

Early palliative care should become **routine** for patients with **metastatic solid tumors** and **should be explored** and **implemented** in patients with **hematologic malignancies**

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